10-17-05

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Application Number 09/751,934 TRANSMITTAL Filing Date December 29, 2000 **FORM** First Named Inventor Richter, James Neal Art Unit 2161 **Examiner Name** Susan Y Chen (to be used for all correspondence after initial filing) Attorney Docket Number 55564.080303 Total Number of Pages in This Submission

ENCLOSURES (check all that apply)											
Fee Transmittal Form	1	Drawing(s)	After Allowance Communication to Group								
Amendment / Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Documents Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or		Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences								
		Petition  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below): Return Postcard								
		Landscape Table on CD  Remarks	•								
	SIGN	ATURE OF APPLICANT, ATTORNEY, C	DR AGENT								
	BLACKWELL SA	NDERS PEPER MARTIN, LLP	,								
Signature Printed Name	VILLIAM B. KIRO	Vallacher									
Date /O//		12005	Reg. No. 22,481								
CERTIFICATE OF TRANSMISSION/MAILING											
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.											
Signature Melda Alexel											
Typed or printed name		neede Royer	Date 10/14/05								

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO:** Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Effective on 12/08/2004.  FEE TRANSMITTAL  FOR FY 2005  Application Number  Application Number  FILING FEE(s) indicated below  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the below information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  Small Entity  Application Type  Fee (\$) Fe	Under the Paperwork Re	eduction Act of 1995	no persons are rec	quired to respo	U.S. Patent an	d Trademark Offic	use through 07/ e; U.S. DEPAR ss it displays a	TMENT OF CO
FEE TRANSMITTAL For FY 2005  Applicant claims small entity status. See 37 CFR 1.27  Art Unit  2161  TOTAL AMOUNT OF PAYMENT (\$) 290.00  Attorney Docket No. \$5564.080303  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number 11-0160 Por the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the moder 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$)	<b>8</b> 7							
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FIRST Named Inventor   Richter, James Neal		RANS	MITT	<b>1</b>	Filing Date	Decer	nber 29, 20	00
Applicant claims small entity status. See 37 CFR 1.27  Art Unit  2161  TOTAL AMOUNT OF PAYMENT  (\$) 290.00  Attorney Docket No. 55564.080303  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 11-0160  Deposit Account Name: Blackwell Sanders Pep For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the Charge fee(s) indicated below with the Director is hereby authorized to: (check all that apply)  Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information and this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$) Fee		<del>-</del>		<b>`</b> [	First Named Inve	entor Richte	er, James N	leal
METHOD OF PAYMENT (check all that apply)	For FY 2005				Examiner Name Susan		Y Chen	
METHOD OF PAYMENT (check all that apply)  □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □ Poposit Account Deposit Account Number: 11-0160 □ Deposit Account Name: Blackwell Sanders Peper For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the □ Charge any additional fee(s) or underpayments of fee(s) □ Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES Small Entity Application Type Fee (\$) Fee	Applicant claims	small entity statu	s. See 37 CFR 1	.27	Art Unit	2161		
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 11-0160 Deposit Account Name: Blackwell Sanders Pep For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Application Type Fee (\$) Fe	TOTAL AMOUNT O	PAYMENT (	\$) 290.00		Attorney Docket	No. 55564	.080303	
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Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES SEARCH FEES EXAMINATION FEES  Small Entity Sma								Peper Ma
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Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50  Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200  Multiple dependent claims  Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims   Fee (\$)   Fee Paid (\$)   Fee Paid (\$)			Fee (\$)	500	Fee (\$) 250	Fee (\$) 200	Fee (\$) 100	Fees Paid
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50  Each independent claims 50  Multiple dependent claims 50  Multiple dependent claims 50  Total Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small ent for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  Fee (\$) Fee (\$)  Fee (\$) Fee Paid (\$)  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee (\$) Fee Paid	•							
Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50  Each independent claims 70  Multiple dependent claims 80  Total Claims 80  Extra Claims 90  HP = highest number of total claims paid for, if greater than 20  Indep. Claims 90  Extra Claims 90  Extra Claims 90  Fee (\$) 10  Fee Paid								
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Each independent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid		<del>-</del>						
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3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small ent for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 =	Indep. Claims	Extra 3 or HP =	Claims Fe	ee (\$) =	Fee Paid (\$)			
1.4. OTHER FEE(5)	3. APPLICATION : If the specification a for each addi Total Sheets - 1	SIZE FEE and drawings exce tional 50 sheets Extra Shee	ed 100 sheets of or fraction the ts Num	paper, the a reof. See 3 ber of each	5 U.S.C. 41(a) additional 50 o	(1)(G) and 37 r fraction there	CFR 1.16(s of <u>Fee (\$)</u>	). <u>Fee</u> =
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Signature Registration No. (Attorney/Agent) 22,481  Registration No. (Attorney/Agent) 22,481	Name (Print/Type)	William B. Kir	cher	(Attorney	ngoni, LL, TO	•	Date / A	14/2005

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